

Bankruptcy No. 17-18492

Adversary No. 18-6

CERTIFICATE OF SERVICE

I, Scott F. Waterman certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made. I further certify that the service of this summons and a copy of the complaint was made 1-23-18 (date) by:

Certified Return Receipt Requested  
(X) Mail service: ~~Regular~~, first class United States mail, postage pre-paid, addressed to:

Mr. Paul Ince, CEO  
Citimortgage Inc.  
4740 121<sup>st</sup> Street, Urbandale IA 52240

( ) Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

( ) Residence Service: By leaving the process with the following adult at:

( ) Publication: The defendant was served as follows: [Describe briefly]

( ) State Law: The Defendant was served pursuant to the laws of the State of \_\_\_\_\_ (name of state) as follows: [Describe briefly]

Under penalty of perjury, I declare that the foregoing is true and correct.

2/13/18  
Date

  
Signature

Print Name Scott F. Waterman

Business Address 110 W. Front Street

City, State, Zip Media PA 19063

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Mr. Paul Ince CEO Citimortgage Inc. 4740 121st Street Urbancade IA 63368-2240			1-23-18
2. Article Number (Transfer from service label):		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7017 0190 0000 2850 6486			
3. Service Type		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
		<input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

**EXHIBIT "A"**